### Edgar Filing: ACETO CORP - Form 4

Check this box if no longer subject to Section 16. Form 4 or	0				
FORM 4       OMB A         Check this box if no longer subject to Section 16. Form 4 or       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES       Expires:	3235-0287 January 31, 2005 average				
Check this box if no longer subject to Section 16. Form 4 or	3235-0287 January 31, 2005 average				
Check this box       Washington, D.C. 20549       OMB         Check this box       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF       Expires:         Subject to       SECURITIES       Estimated         Section 16.       SECURITIES       Estimated         Form 4 or       response       response	January 31, 2005 average				
Check this box if no longer subject to Section 16. Form 4 or Expires: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated burden hou response	January 31, 2005 average				
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Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,	1esponse 0.5				
obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section					
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940					
1(b).					
(Print or Type Responses)					
1. Name and Address of Reporting Person *2. Issuer Name and Ticker or Trading5. Relationship of Reporting Person	son(s) to				
LEVIN ALAN G Symbol Issuer	0011(0) 00				
ACETO CORP [ACET]					
(Last) (First) (Middle) 3. Date of Earliest Transaction (Check all applicable)	(Check all applicable)				
	X Director 10% Owner				
ACETO CORP., 4 TRI HARBOR 12/04/2014Officer (give titleOth	Officer (give title Other (specify				
COURT below) below)					
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Fili	6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line)					
PORT WASHINGTON, NY 11050	epotting				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficia	lly Owned				
1.Title of       2. Transaction Date 2A. Deemed       3.       4. Securities Acquired       5. Amount of       6.	7. Nature of				
Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership	Indirect				
(Instr. 3) any Code (Instr. 3, 4 and 5) Beneficially Form:	Beneficial				
(Month/Day/Year) (Instr. 8) Owned Direct (D) Following or Indirect	Ownership (Instr. 4)				
Reported (I)	(msu: I)				
(A) Transaction(s) (Instr. 4)					
Code V Amount (D) Price (Instr. 3 and 4)					
COMMON 12/04/2014 A 2,169 A \$ 22.12 5,333 D					
STOCK 12/04/2014 A (1) A 22.13 5,555 D					

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

**Reporting Owner Name / Address** 

Relationships

Director 10% Owner Officer Other

LEVIN ALAN G ACETO CORP. 4 TRI HARBOR COURT PORT WASHINGTON, NY 11050

## Signatures

Alan Levin 12/04/2014

<u>\*\*</u>Signature of Reporting Person

Date

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## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Restricted Stock grant vest 100% after 13 months

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.